

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10-520280

CLAIMS

| | AS FILED 1-28-75 | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL DEP. | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL CLAIMS | 2 | 0 | 0 | 0 | 0 | 0 |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DEP. | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL CLAIMS | 0 | 0 | 0 | 0 | 0 | 0 |